

MENTAL HEALTH AND DISABILITY SERVICES COMMISSION

February 16, 2017 - 9:30 am to 12:30 pm
Urbandale Public Library, Meeting Room B
3520 86th St, Urbandale, Iowa
MEETING MINUTES

MHDS COMMISSION MEMBERS PRESENT:

Thomas Broeker
Jody Eaton
Lynn Grobe
Kathryn Johnson
Betty King
Sharon Lambert (phone)
Geoff Lauer
Brett McLain

John Parmeter
Rebecca Peterson
Michael Polich
Patrick Schmitz
Rebecca Schmitz
Marilyn Seemann
Jennifer Sheehan

MHDS COMMISSION MEMBERS ABSENT:

Thomas Bouska
Senator Mark Costello
Marsha Edgington

Representative David Heaton
Senator Liz Mathis
Representative Scott Ourth

OTHER ATTENDEES:

Theresa Armstrong	MHDS, Bureau Chief, Community Services and Planning
Bob Bacon	University of Iowa CDD
Bob Bartles	Hope Haven
Teresa Bomhoff	NAMI Greater Des Moines/Mental Health Planning Council
Jill Cook	Program Director, Amerigroup
Eileen Creager	Aging Resources
Judy Davis	NAMI Iowa/Office of Consumer Affairs
Christie Gerken	Iowa Advocates for Mental Health Recovery
Julie Jetter	MHDS, Community Services and Planning
Denie Juhl	Amerigroup
Linda Kellen	Iowa Department of Inspections and Appeals
Meghan Klier	Easter Seals of Iowa
Amy McCoy	Public Information Officer, DHS
Ellen Ritter	Heart of Iowa MHDS Region
Peter Schumacher	MHDS, Community Services & Planning/CDD
Mikki Stier	Director, Iowa Medicaid Enterprise
John Stoebe	University of Iowa Health Systems
Karen Walters-Crammond	Amerihealth Caritas Iowa
Karla Webb	Central Iowa Community Services MHDS Region

Welcome and Call to Order

Patrick Schmitz called the meeting to order at 9:35 am and led introductions. Quorum was established with twelve members present and one participating by phone. Jody Eaton noted that as she is the CEO of the Central Iowa Community Services MHDS Region, she would abstain from the vote in the Policy and Procedure Manual amendment. Brett McLain noted that as he is an employee of Story County, which is in the Central Iowa Community Services Region, he would abstain from the vote in the Policy and Procedure Manual amendment.

Approval of Minutes

Betty King noted that she was on the phone for the January meeting. Mike Polich made a motion to approve the January 19, 2017 meeting minutes as corrected. John Parmeter seconded the motion. The motion passed unanimously.

IA Health Link – Mikki Stier

Mikki thanked the Commission for inviting her, and said Iowa Medicaid Enterprise (IME) is approximately ten months into the transition into IA Health Link. Mikki said IME has been working to ensure timely and accurate payment to providers, and now has a full time provider liaison who moves when a Medicaid Managed Care Organization (MCO) appears to be moving too slowly. There has been improvement in timely payment, but Mikki said this is still an issue, and more improvement is expected.

Mikki noted that AmeriHealth Caritas of Iowa (AHCI) is moving from contracted case management to “in house” case management done by employees of AHCI. MCOs are required to have case management and to meet certain standards as part of the contract, however they are able to design how they do it as long as they meet those requirements. Unitedhealthcare and Amerigroup already employ their own case managers, and AHCI is moving to a hybrid model where most case management is handled internally while still working with external case management agencies. Mikki said IME will be receiving weekly updates on the transition.

Patrick Schmitz asked if it would be possible for AHCI to transfer an individual from one external case manager to another. Mikki answered yes, it would be possible.

Kathy Johnson asked if this would be the same as targeted case management. Mikki answered yes, and that it would be monitored.

Jen Sheehan asked when the thirty day transition would start. Mikki said they are targeting between April and July 1, 2017.

Mikki spoke about reimbursement rates. There is a rate floor, and some MCOs have been reimbursing at the rate floor, and some have been above it. Those decisions were made as part of the contractual relationship between the MCOs and the providers. AHCI has notified providers that they will be adjusting rates for some services back to the rate floor.

Kathy Johnson asked about the services that would have rates going back to the rate floor. Mikki answered that Home and Community-Based (HCBS) waiver services would be the ones affected.

Geoff Lauer noted that AHCI has a higher percentage of the MHDS population than the other providers, and that the rate adjustment may have been affected by the MCOs not taking into account a large number of exceptions to policy that were in effect for this population. Geoff asked if IME has any plans to speak with the General Assembly about a need for increase funding for MCOs to prevent costs being shifted to members. Mikki said the MCOs did account for exceptions to policy, levels of care, and other factors. One factor that affected costs was the number of people on the Marketplace Choice Plan that were moved into IA Health Link. The lack of trend data on those members may have affected the estimates. Mikki said IME also does risk adjustments to control for populations with higher needs. Geoff asked if those adjustments are adequate. Mikki said that IME will adjust those rates annually to match the best estimates of cost. These adjustments have to be actuarially sound and reviewed by the Centers for Medicare and Medicaid Services (CMS).

Patrick expressed concern that AHCI is the largest payer for a number of providers, and they were relying on the higher reimbursement rate from AHCI to make up the difference. Mikki said that IME has a plan to monitor these factors.

Patrick Schmitz asked how the capitated rate is decided. Mikki said there is a “rate book” that takes historical data into account to estimate rates for members based on levels of care and complex needs. There is an average aggregate cap rate set, and there are adjustments made regularly to refine the estimate. Mikki said IME is in the process of developing a new method to refine the rates to better account for further needs. Providers can petition if they believe the rate is not accurate, and IME has adjusted rates in the past due to these petitions.

Geoff said it appeared to him as though Medicaid members had a shorter lag time between experiencing obstacles and compensatory adjustments before IA Health Link. Mikki answered that the state reviews and approves each change in the levels of care for individuals before the MCO can make the change. This is a mechanism to ensure the members are getting the services they need.

Teresa Bomhoff asked about the status of the CPT codes that would allow Medicaid MCOs to reimburse MHDS Regions for crisis services. Theresa Armstrong answered that the Department, MHDS Regions, and Medicaid MCOs are working on this and examining the effects of the policy change.

Teresa Bomhoff asked how common it is for MCOs to partially subsidize the development of services, which would require MHDS Regions to also contribute funding for their development. Mikki answered that she would take that question back with her. Theresa Armstrong said there will be services where MHDS Regions and Medicaid MCOs will have to develop them jointly.

Teresa Bomhoff expressed concern with Medicaid MCOs listing out-of-state providers. Mikki answered that the MCOs are responsible for meeting a standard of network adequacy, and that IME monitors their provider networks on a quarterly basis.

Administrative Rules Regarding the Autism Support Program and Accreditation of Mental Health Crisis Service Providers – Theresa Armstrong

Theresa said the Department found a technical error where a definition for “Eligible Individual” was omitted. The amendment to the rules reflects a change in the income limit from 400% to 500% of the federal poverty level (FPL). Theresa presented the changes to Chapter 24, Division 2 which governs the accreditation of mental health crisis providers.

Bob Bartles of Hope Haven said he was very supportive of the rule changes, but expressed concern that one could read that a candidate must have experience in mental health, and may not count experience with people who may have worked in a school setting, or with autism. Patrick Schmitz said it would depend on the Department’s reading of “behavioral health” which could be a broad term. Theresa Armstrong said the Department has accredited nine crisis providers, and six of those providers have received exceptions to policy for candidates who would meet a narrow interpretation of this definition.

John Parmeter asked how a provider would find out if a candidate meets the definition. Theresa Armstrong said the Department does provide guidance to providers and answer questions about how standards are interpreted. Kathy Johnson said her organization has sent transcripts in to see if they meet the requirements in rules, and that Cheri Reisner is very good about responding with clear expectations.

Theresa said the Department is asking for the Commission to approve the notice of these rules, and that if the Commission approves, the rules will be posted for public comment where anyone can submit their questions or concerns. If approved for notice, the rules should be posted in the Administrative Bulletin on March 15, and public comments would be due on April 4.

Becky Schmitz made a motion to approve notice of the Administrative Rules. Jody Eaton seconded the motion. The motion passed unanimously.

Department of Corrections – Roxann Sheffert

Thanked the Commission for the opportunity to present to the Commission about the Statewide Recidivism Reduction (SRR) Strategy. Iowa was one of eleven states to apply, and one of five states to be awarded the SRR grant from the Bureau of Justice Assistance, which is a three year \$3 million grant.

Roxann said Tammie Amsbaugh from the University of Iowa has been involved in part of this grant with the Community Connections Supporting Reentry project.

Roxann presented a PowerPoint on SRR.

Teresa Bomhoff asked if the Department of Corrections (DOC) is looking into the utilization of solitary confinement. Roxann said it is not something SRR is studying, but she did not know whether the DOC or another agency would be examining the effects of solitary confinement.

Brett McLain asked if there were any Veterans Courts in the state of Iowa. Roxann said she was not aware of any, but she knew that was something that was being discussed in their workgroups.

Sharon Lambert asked if there is a step-down program that is offered for people who have been in solitary confinement. Roxann answered that it is very rare for an inmate to go from a maximum security facility to full release. DOC does have a step-down program where inmates are transferred to lower security units as they approach release.

Betty King asked if there were former inmates on their steering committees to represent consumers. Roxann said yes, there are, and they have been very active.

Rebecca Peterson asked if Iowa was awarded the grant because we had a higher recidivism rate than average. Roxann answered no, Iowa was awarded the grant based on a strong application. The Grant was not need-based.

Central Iowa Community Services Management Plan Amendment – Karla Webb and Julie Jetter

Julie Jetter said Central Iowa Community Services (CICS) MHDS Region is asking the Commission to provide a recommendation to the Director on whether or not to approve an amendment to the Region's management plan. Julie Jetter noted that Commission members were sent a summary of the amendments and the full management plan with the changes shown. The amendments include the addition of the brain injury population to the list of populations served by the region, as well as several changes of address and process changes.

Becky Schmitz asked about the sustainability of the services, and if CICS had estimates of the annual cost of serving this population. Jody Eaton answered that the estimated cost would be approximately \$750,000, and that the Region is confident that the services will be sustainable. CICS is operating with a fund balance at this time. Jody said they projected out five years to make sure the addition would be sustainable.

Geoff Lauer said that by adding this population, this MHDS Region would be able to better serve individuals with brain injury with more specialized services.

Tom Broeker asked what kind of population base the Region has. Karla Webb answered that the estimate was arrived at based on the number of people on the waiting list for the Brain Injury Waiver who lived within the CICS Region and the service cap allowed by the Brain Injury Waiver.

Geoff Lauer made a motion to recommend the approval of the amendment. Tom Broeker seconded the motion. The motion passed unanimously with Jody Eaton and Brett McLain abstaining.

Glenwood Resource Center – Amy McCoy

Amy introduced herself and said she handles requests for public information with her partners across all the divisions.

Amy said the Glenwood is a State Resource Center (SRC) that serves approximately 230 individuals with developmental and intellectual disabilities and has around 770 employees. The Department took significant staff action in response to reports of client mistreatment and failure to report client mistreatment in a timely manner. So far, six staff members have been terminated and another seven have resigned. Investigations began in late September of 2016, and continued through the fall. In addition, the Department has significantly increased supervision of the staff, including doubling of supervision of staff in the evenings and on weekends, increased middle and upper management making rounds on the campus, and retrained all staff on identifying the symptoms of client mistreatment.

Amy said one of the most frequently asked questions has been whether this was a culture at Glenwood, and the answer is no. This was a small group of staff out of more than 770. The Department self-identified what was happening and reported it to the Department of Inspections and Appeals (DIA), and both departments have released reports.

Amy McCoy said Gary Anders, who had announced his retirement in October agreed to stay on for the stability of the staff and to assist with the investigation to make the changes that are needed.

Geoff Lauer asked if the corrective action plan is a public document. Amy said it was, and that DIA is the owner of the documents. Linda Kellen of DIA said it is available on the DIA website.

Jen Sheehan asked about the self-identified mistreatment. Amy said they had investigated an allegation of mistreatment, and had looked into it further and found enough information to launch an investigation and found cases of mistreatment and intimidation of staff to prevent the reporting of mistreatment.

Linda Kellen said DIA investigated after the report, and have had a presence at Glenwood ever since, and have seen the managers and supervisors have been more present. DIA will continue visits as long as the need to.

Kathy Johnson said experiences like this can be educational, and asked if there is anything the Department has learned that they would encourage others to do. Amy said Rick Shults would be a better person to answer that question, but he could not be at the meeting because he has been spending a significant amount of time at Glenwood. Amy

said one lesson could be to trust your instincts when you suspect something may be wrong and to report it immediately.

DHS/MHDS Update – Theresa Armstrong

Theresa presented a number of bills currently being considered in the Legislature.

HF 234: A bill concerning mental health advocates and their reporting requirements. There is still a requirement for those advocates to regularly report their hours to the courts. This is not necessary anymore as advocates are now employees of the counties. The bill would change the requirement so advocates would only need to send the report as ordered by the courts.

John Parmeter asked if this would affect the counties' ability to request reports from the advocates. Theresa said advocates are still subject to the counties through the employee/employer relationship.

HF 215/SSB 1043: A bill that would require that applied behavioral analysis services be covered by private insurance plans. Theresa said large self-insured companies would not have to comply with state laws, but they do have federal requirements they would have to meet. This bill also has a narrower definition of who could provide the services. The Autism Support Program allows a board certified behavioral analyst (BCBA) to supervise staff directly providing the service, whereas the bill requires the BCBA to provide the service.

Jen Sheehan asked if the family would still be subject to the insurance plan's deductibles and out-of-pocket costs. Theresa said that they would be. Theresa said if the provision goes through, the Insurance Division would be writing rules for it, but MHDS would also have to make adjustments as well.

HF 257: A bill related to inpatient psychiatric bed tracking. This bill would make the system mandatory whereas now all hospitals are participating voluntarily, and show co-occurring beds.

Teresa Bomhoff asked if there is other information being added. Theresa Armstrong answered that they are not adding any information at this time, but Director Palmer has committed to present recommendations on bed tracking to the General Assembly.

HF 319: Is a bill that would allow mental health professionals to perform substance abuse assessments for voluntary and involuntary commitments. Currently, only physicians are able to perform assessments. The Iowa Hospital Association recommended this bill. Kathy Johnson asked if this bill is being driven by workforce concerns. Theresa said workforce is a part of it because mental health professionals are more accessible than doctors.

HF 35: A bill establishing a veterans' treatment court.

Theresa said the Health and Human Services Budget is a work in progress, and that State Fiscal Year (SFY) 2018 looked to be a tight budget year. In SFY 2017 the Department had a total of approximately \$36 million de-appropriated including Medicaid and non-Medicaid. The Department identified a number of programs that were being underspent where dollars could be reallocated.

Theresa said she had not seen legislation on the mental health levy, the recommendations from the Children's Mental Health Study Report, or addressing the needs of individuals with complex needs, but legislation is expected.

Theresa Armstrong spoke about a number of focus groups Director Palmer has been meeting with to discuss changes in policy to better serve people with complex mental health needs. Director Palmer and Rick Shults presented recommendations from the Mental Health Redesign Progress Report to a legislative committee. Director Palmer planned to have recommendations out soon.

Public comment

Teresa Bomhoff spoke about a number of bills regarding mental health including contracting transportation providers for people with mental health needs, step therapy, mental health workforce retention and recruitment, changes to the definition of a Child in Need of Assistance, and changes to subacute care access.

Teresa said there is a bipartisan mental health working group in the legislature consisting of Representatives Forbes and Koester and Senators Mathis and Segebart.

The meeting was adjourned at 12:30 pm.

Minutes respectfully submitted by Peter Schumacher.